KANSAS DEPARTMENT OF HEALTH & ENVIRONMENT

Bureau of Waste Management

Orphan Hazardous Waste Disposal Program

Expenditure Authorization for Direct Reimbursement of Orphan Hazardous Waste

1. PRE-AUTHORIZATION SECTION

(Must be completed by HHW and sent to	KDHE prior	to shipping waste off-site)	
Name of HHW:			
Mailing Address of HHW:			
City, Zip			
Phone #:			
Fax #:			
By completing and submitting this for Hazardous Waste Facility (HHW) ago with the Terms/Conditions set forth or	rees to acce n the follow	pt and manage at its HHW facility thing pages.	
If the waste is not stored at the above please give the location where it is be			
-			
Please complete as much information Product/Chemical Name	Liquid or Solid		Estimated Amount (gal, lbs, etc.)
	Solid	container	
Please complete the following table to	estimate th	ne cost of disposal, please be as accu	rate as possible in your estimate:
A. Total Estimated Disposal Cost			
B. Administrative/Overhead Cost			
(10% of A, not to exceed \$500.00) C. Transportation Cost (if applicable)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
D. Equipment/Drums/Supplies	,		
E. Total (A+B+C+D)			
Please attach a brief description of found the waste, the location wher information of responsible party, e	e it was for tc. on below a	und, condition of containers, date	it was found, identifying ons set forth in the following
page and that cost estimate provide	zu III A-E ë	ne to the best of ms/her knowleds	gc.
Print Name and Title		Signature	Date

HHW <u>STOP</u> here until you receive pre-approval back from KDHE to dispose of the waste. KDHE will <u>NOT</u> reimburse expenses for waste that has not been pre-approved.

Received by: Date initially contacted about waste:: Date Received form for Pre-Authorization: KDHE APPROVALS FOR EXPENDITURES: TITLE **SIGNATURE DATE** Orphan Waste Coordinator Unit Chief Section Chief Bureau Chief Once this section is completed, return the completed form to the HHW so that the waste can be disposed. 2. PAYMENT REQUEST SECTION After completing section 1 and receiving KDHE approval, then arrange for disposal of the waste. After waste has been shipped off-site for disposal, the HHW should complete this section and return the form along with a copy of the Hazardous Waste Manifest and the Invoice documenting the actual disposal costs, to: Orphan Waste Coordinator Bureau of Waste Management, KDHE 1000 SW Jackson, Suite 320 Topeka, KS 66612-1366 Please be sure to highlight the orphan waste on the manifest and the invoice if it is shipped or invoiced with other waste. Complete the following table with the actual disposal costs shown on the invoice: A. Actual Disposal Cost B. Administrative/Overhead Cost (10% of A, not to exceed \$500.00) C. Transportation Cost (if applicable) D. Equipment/Drums/Supplies E. Total (A+B+C+D)F. Uniform HW Manifest Number G. Invoice Number To be completed by KDHE: Date received for payment: Date approved for payment: Signature of person approving for payment: PO or Voucher (tracking) number Date Check sent to HHW

KDHE PRE-AUTHORIZATION SECTION (to be completed by KDHE prior to waste disposal by HHW)